

BRACHIAL PLEXUS INJURY

DEFINITION

- Injury to brachial plexus nerves sustained due to stretching of nerves during delivery

RECOGNITION AND ASSESSMENT

- Can be difficult because injury recovery patterns vary in severity
- Suspect if baby not moving arm
- Examine arm for swelling, bruising, tone, posture and any movement
- Assess for breathing difficulties and Horner's syndrome
- Document findings clearly in case notes
- Explain to parents that recovery probable but may not be complete
- Inform consultant obstetrician and paediatrician

MANAGEMENT

Birth

- If limb completely flaccid and Horner's syndrome present, refer immediately to regional paediatric surgeons¹
- If some arm movement present, refer to physiotherapist and arrange early review in outpatient clinic in three weeks
- X-ray to exclude fracture humerus/clavicle

Three weeks

- Examine limb for shoulder abduction, flexion and extension of elbow, wrist and finger movements
- If no neurological improvement, refer to regional paediatric surgeons for early review by six weeks
- If neurological function improving, review at six weeks
- Continue physiotherapy

Six weeks

- If no further neurological improvement, refer to regional paediatric surgeons
- If neurological function improving, review at six months
- Continue physiotherapy

Six months

- If recovery incomplete, refer to regional obstetric brachial plexus clinic
- Even with good recovery shoulder abduction can be limited
- Surgical intervention of shoulder may be helpful at 18 months

¹Local contacts

West Midlands: Miss Lester's Obstetric Brachial Plexus clinic, BCH – fax a written referral.

Fax: 0121 3338131/Ph: 0121 333 8136